



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

## BIB DATA SHEET

CONFIRMATION NO. 3024

| SERIAL NUMBER   | FILING or 371(c)<br>DATE  | CLASS  | GROUP ART UNIT  | ATTORNEY DOCKET<br>NO.           |  |  |
|---|---|--|---|----------------------------------|--|--|
| 10/811,368  | 03/26/2004<br>RULE  | 351  | 2873  | 82001-1080                       |  |  |
| <b>APPLICANTS</b><br>Keith P. Thompson, Atlanta, GA;<br>Jose R. Garcia, Mableton, GA;<br>Phillip Randall Staver, Hagaman, NY;   |   |  |   |                                  |  |  |
| <b>** CONTINUING DATA *****</b><br>This appln claims benefit of 60/458,480 03/28/2003   |   |  |   |                                  |  |  |
| <b>** FOREIGN APPLICATIONS *****</b>  |   |  |   |                                  |  |  |
| <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b><br>06/18/2004   |   |  |   |                                  |  |  |
| Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Verified and /HUY KIM MAI/<br>Acknowledged Examiner's signature |   | <input type="checkbox"/> Met after Allowance<br>Initials | <b>STATE OR<br/>COUNTRY</b><br>GA   | <b>SHEETS<br/>DRAWINGS</b><br>34 | <b>TOTAL<br/>CLAIMS</b><br>77 <del>135</del> | <b>INDEPENDENT<br/>CLAIMS</b><br>7 <del>24</del> |
| <b>ADDRESS</b><br>THOMAS, KAYDEN, HORSTEMEYER & RISLEY, LLP<br>600 GALLERIA PARKWAY, S.E.<br>STE 1500<br>ATLANTA, GA 30339-5994<br>UNITED STATES  |   |  |   |                                  |  |  |
| <b>TITLE</b><br>Application of neuro-ocular wavefront data in vision correction   |   |  |   |                                  |  |  |
| <b>FILING FEE<br/>RECEIVED</b><br>2259  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |  | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                  |  |  |